# **Olive Tree Counseling, LLC**

#### **CLIENT - THERAPIST AGREEMENT**

Olivia D. Hannon Cichon, MA, LAC 10200 E. Girard Ave., D218 Denver, Colorado, 80231 720-722-1825

My degree is Master's of Arts in Psychology from Pepperdine University. This degree was conferred in 2006.

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Colorado State Department of Regulatory Agencies. Any concerns may be addressed to the appropriate licensing board or:

Colorado State Grievance Board;1560 Broadway Street; Suite 1350; Denver, CO 80202; 303-894-7766

#### **CLIENTS RIGHTS:**

You are entitled to receive information about methods of therapy, the techniques used, the duration of therapy if known, and the fee. You may seek a second opinion from another therapist and may terminate therapy at any time. In a professional therapy relationship, sexual intimacy is never appropriate and is illegal in Colorado. It should be reported to the Grievance Board.

### **CONFIDENTIALITY:**

The information provided by you during therapy is legally confidential except as required by law. There are exceptions to the rule of confidentiality. In general, these exceptions include:

- 1. The law requires reporting cases in which:
  - the client may present a danger to self or others,
  - there is indication of child abuse or neglect.
- 2. Therapist(s) and/or records may be subpoenaed in Court proceedings including but not limited to child custody, criminal, and delinquency cases.

If exceptions arise regarding confidentiality, they will be discussed with you.

## **APPOINTMENTS:**

Therapy sessions are 50 minutes. This time is reserved for you. In the case that you need to cancel or reschedule an appointment, 24-hour advance notice is required. With less than 24 hours notice, you will be charged the full amount for the session. This will be your responsibility and cannot be charged to insurance.

FEE:		
Our full fee for a 50-minute session is \$90.00.	Your fee/copayment is,	due in full at each session

Have your cash or pre-written check ready prior to the beginning of each session. Fees may be renegotiated every six months or whenever your income changes. If you end therapy with an unpaid balance and do not make arrangements to settle the bill, your account may be turned over to a collection agency. Any costs incurred in the collection are your responsibility.

Telephone conversations of a clinical nature may be charged as regular sessions. Reports and court appearances require professional time for which we charge the full rate of \$90.00; court appearances require 4-hour minimum.

(OVER)

## TREATMENT PLANNING AND EVALUATION:

Therapist Signature

Since Transformative Counseling is not a 24-hour crisis-intervention agency, in case of an emergency, you may call the numbers on the accompanying EMERGENCY NUMBERS sheet, or you may call 911 or go to the nearest hospital emergency room.

Your therapist can approximate length of treatment and probable results; however, as response differs on an individual basis, guarantees cannot be made as to treatment outcome. If we cannot provide the services you need, your therapist will offer you referral information.

Periodically, client and therapist will a termination is discussed in advance.	assess progress to	ward treatment goals. It can be mutua	lly beneficial if	
	* * * * *	* * * *		
I have received a copy of the NOTICE OF PRIVACY PRACTICES.			_Client initials	
		EMENT and a list of EMERGENCY NUMBER nild's rights as a client. I consent to trea		
Adult Signature	Date	Teen Signature (ages 15-18)	Date	
Therapist Signature	Date	Therapist Signature	Date	
FOR FAMILIES:				
Name(s) of Client(s) if minors				
I attest that I am authorized to give per LLC.	mission for my child	d(ren) to have counseling at Olive Tree C	ounseling,	
Parent/Guardian Signature (of children age 14 and under)	Date	Parent/Guardian Signature (of children age 14 and under)	Date	

Date